

UNIVERSITY OF SOUTH ALABAMA

COLLEGE OF NURSING
USA SPRINGHILL



TELEPHONE (251) 434-3410
MOBILE, ALABAMA 36688-0002
FAX: (251) 434-3413

March 23, 2007

Kelley P. Barnes
Executive Director
West Alabama Mental Health Center
Demopolis, AL

Greetings:

The mission of the University of South Alabama Advanced Practice Psychiatric Nursing Program is to train psychiatric nurse practitioners to address the mental health needs of the underserved. We welcome RN applicants from the rural communities of Alabama's Black Belt counties. We will ensure that there are 12 spaces available for students from rural communities and will do our best to help you recruit potential students.

Because our program is online, students will not be required to travel to Mobile for classes and will retain their ties to their communities. However, our clinical faculty will make site visits to your rural clinics each semester to evaluate their progress with their psychiatrist preceptors. Tests and assignments conducted via the Internet will also ensure their growth as psychiatric providers. Our program's pass rate on the national certification exam for psychiatric nurse practitioners is greater than 90%; certification allows them to seek CRNP status for prescriptive authority in collaboration with psychiatrists,

The University of South Alabama College of Nursing fully supports this worthwhile endeavor. Let us know how we can help you recruit students.

Sincerely,



Teena McGuinness, PhD, APRN
Coordinator
Advanced Practice Psychiatric Nursing Program
USA College of Nursing

March 22, 2007

Ms. Kelley Parris-Barnes
Executive Director
West Alabama Mental Health Center
P. O. Box 260
Demopolis, AL 36732

Dear Ms. Parris-Barnes:

Re: Bristol-Myers Squibb Foundation Rural Behavioral Health Initiative

It is very good news to hear that Bristol-Myers Squibb Foundation is interested in the efforts to develop effective behavioral health services for the Alabama's western black belt area. For too long the lack of political and economical capital in this area has made it impractical for government agencies and institutions to commit to lasting health care interventions in this large area of the state. As a result, local health care has suffered lack of support along with decay in the regional economy, and the almost inevitable outcome has been the loss of bright young people to careers in the larger urban centers of the state and elsewhere. This has been particularly vexing in health care, because it is just such locally raised health care professionals who hold the promise for a brighter health care tomorrow in these areas. As you know, West Alabama has reached the nadir in health care personnel, depending far too heavily on temporarily placed foreign medical graduates for medical care, which is anathema to patient -physician relationships needed to affect wholesome behavioral outcomes in primary care and psychiatry.

The University of Alabama Rural Health Leaders Pipeline (attached report) is just now coming *to* fruition with the promise of producing the needed homegrown physicians and other health personnel. In association with the University of Alabama College of Community Health Sciences, it helped to produce Alabama-born physicians for Pickens County in the past two years and for Choctaw and Sumter counties this year. This remarkable program is built on the longstanding rural health mission of the College of Community Health Sciences and the Alabama Legislature's commitment to support rural family medicine programs through the Family Practice Rural Health Board. It is this program's mission of producing physicians for rural Alabama, who are leaders in community health that has brought us to partnership with you. Rural Medical Scholars must know how to care for

behavioral problems arising in rural communities along with other special needs of rural Alabama, such as the health concerns of the agricultural sector.

Rural Health Leaders Pipeline Programs have made rural mental health an emphasis by studying the behavioral health needs of farmers, participating in rural mental health lectures and seminars, and initiating discussions with insurance agencies about the disparity in reimbursement of primary care physicians for behavioral health services. We have been encouraged to initiate a research focus on rural mental health in primary care. However, these interests and developments have needed maturation in the Rural Health Leaders Pipeline Programs, in partnerships with mental health agencies, and in the supportive environment to proceed.

I am very pleased to acknowledge that this maturation process is ripening. The Rural Health Leaders Pipeline Programs has reached the point that collaboration in training rural primary care physicians in behavioral medicine is now feasible. We have saturated the pipeline from high school through residency with rural scholars, have begun to produce rural physicians, require all Rural Medical Scholars to take a semester of work in Behavioral Medicine, and have scholars requesting additional training in behavioral health care. We are strongly embedded in the network of agencies and organizations that underpin primary medical care in the state, not the least of which is a strong cadre of Family Medicine preceptors throughout rural Alabama. Our relationships with the West Alabama Mental Health Center, College of Community Health Sciences Department of Psychiatry, University of Alabama Psychology Department, Alabama Department of Mental Health and Mental Retardation, and the Mary Starke Harper Geropsychiatric Hospital have grown. The College of Community Health Sciences, within which we are housed, offers even greater reach into working relationships with the mental health community of West Alabama and the State. We are part of the deliberations that inform developments of health programs and policies through the Governor's Black Belt Action Commission, Delta Regional Authority, Appalachian Regional Commission Health Policy Advisory Committee, Alabama Family Practice Rural Health Board, Alabama Academic Family Medicine Council, and the Rural Alabama Health Alliance. West Alabama, as part of the Black Belt, has become a focus of interest to all these entities and is a target of the Rural Health Leaders Pipeline.

We appreciate your leadership in bringing us together for seminars to introduce Rural Medical Scholars to mental health realities in rural Alabama and are ready to engage fully with you in the effort to "grow your own" behavioral health care providers. At the high school level, we can emphasize mental health as a career option for Rural Health Scholars. We can link Minority Rural Health Pipeline Scholars with behavioral medicine preceptors. We can increase Rural Medical Scholars' exposure to behavioral medicine in medical school and residency. Finally, we can become an outreach partner with others, such as the University of Alabama College of Community Health Sciences Department of Psychiatry, University of South Alabama Psychiatric/Mental Health Nurse Practitioner Program, and West Alabama Mental Health Center, to link with rural preceptors in activation of a model program of rural mental health care teaching, service, and evaluation. Your efforts also to erect a system of telepsychiatry matches our need to involve Rural Medical Scholars in learning the use of telemedicine and teleconferencing technologies.

Please accept this enthusiastic endorsement of your leadership and strong letter of support for developing **an** innovation in mental health services in the sorely underserved region of rural West Alabama. Together we can make the difference that rural Alabama needs and deserves.

Sincerely yours,

John R. Wheat, MD, MPH
Professor of Community and Rural Medicine
Director, Rural Medical Scholars Program

Cc Commissioner John M. Houston, Alabama Dept. of Mental Health and Mental Retardation
E. Eugene Marsh, M.D., Dean, **UA** College of Community Health Sciences
Thaddeus P. Ulzen, MD, Chairman, Department of Psychiatry and Behavioral Medicine

College of Community
Health Sciences

Department of Psychiatry and
Behavioral Medicine

March 26, 2007

THE UNIVERSITY OF
ALABAMA
HEALTH SCIENCES

Miss Kelley Parris-Barnes
Executive Director
West Alabama Mental Health Center
P.O. Box 260
Demopolis, AL 36732

RE: Bristol-Myers Squibb Foundation Rural Behavioral Health Initiative

Dear Miss Parris-Barnes:

It is delightful to hear that Bristol-Myers Squibb Foundation is interested in considering a grant application from West Alabama Mental Health Center (WAMHC) for mental health in the Black Belt.

We are ready to support your efforts in a number of ways. We have a number of initiatives we are considering to augment the current dearth of providers and resources for mental health in West Alabama.

The prevalence of psychiatric disorders in rural areas is at least about 20 percent and this has been replicated in numerous studies, emphasizing the fact that though the rural life might be quieter it does not necessarily protect against mental illness. Generally, no more than six percent of children requiring treatment for identifiable psychiatry illnesses end up receiving treatment. This is, of course, much worse in areas such as the Black Belt region of West Alabama. Primary care practices in West Alabama are already overburdened and are unable to cope with the additional demands for providing psychiatric care in addition to pressing medical needs. Against this background, in addition to the fact that it is extremely difficult to recruit and retain psychiatrists and other mental health professionals in West Alabama, we are interested in collaborating with West Alabama Mental Health Center in finding innovative methods for ensuring that those in need of psychiatric treatment are properly identified and treated. Also, we can work with West Alabama Mental Health Center in developing prevention initiatives to reduce the burden of psychiatric illness in the region.

We are available to provide training in the form of didactic and interactional programs for non-psychiatrists and non-mental health professionals who are

University of Alabama
School of Medicine
Tuscaloosa Campus
Box 870326
Tuscaloosa, Alabama 35487-0326
(205) 348-1325
FAX (205) 348-5676

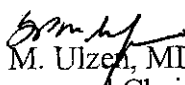
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Miss Parris-Barnes

identifying and treating patients with psychiatric problems. We can also provide consultation services to frontline providers at varying skill levels to ensure that mental health provider capacity is improved in your part of the state. The Institute for Rural Health Research in the College of Community Health Sciences at The University of Alabama is involved in the process of applying for a Clinical and Translational Science Award (CTSA) from the NIH. If successful, the award will focus on diabetes and mental disorders in rural Alabama.

One of our other initiatives under consideration at the Family Medicine Residency Program is the addition of a two year fellowship which will result in graduates who are specialized both in family medicine and psychiatry. Though this proposal is in its infant stages we believe that over the long term this will help improve the care of patients who invariably present either with psychiatric problems to family care practices or present with both psychiatric and medical problems in these practices. Such graduates will also be a resource to the existing medical and mental health systems in rural West Alabama.

Should the CTSA proposal be successful, broadband technology and telemedicine will be available to support the work already being done at your center. As you are aware, the Rural Medical Scholars who are already graduating and practicing in rural Alabama take a semester of rural and behavioral medicine. Many of these graduates request further training in behavioral medicine and psychiatry. If your initiative is successful, it will make it possible for our College to further support these practitioners in the community. The application to Bristol-Myers Foundation will, if successful, be a catalyst for achieving many of our shared goals of ensuring that citizens of the Black Belt receive appropriate psychiatric and medical care.

Yours sincerely,


T. P. M. Ulzet, MD, FRCP (C)
Professor and Chair
Psychiatry and Behavioral Medicine